

SAIPAN ICE

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	120905
ADDRESS	RAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: 3000 GPD

Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:
-----------------	-----------------	--

SERVICE REPORT

check on RO system

FINDINGS/COMMENTS:**INSPECTION & MAINTENANCE CHECKLIST**

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	0.5 mg/L	Ozonator	
Pre-filter	ok	Hardness Reading	
Post-filter	ok	Feed Water TDS	1000 ppm
Feed Pump Pressure	40 psi	Product Water TDS	120 ppm
Permeate Flow Rate (GPM)	1.5 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

check the chlorine & TDS & feed flow & RO product. check operation pressure & flow on level

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rod de la R	RR



Saipan Ice & Water Co., Inc.

P. O. Box 501808, Saipan MP 96950 * Tel. 322-6130/9848/9455

Fax 322-5991 * E-mail: spnice@vzpacifica.net

No. _____

MAINTENANCE WORK ORDER

CUSTOMER NAME	DGS	DATE	
ADDRESS	KAG MHN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description:

3000 GPD

Visit Frequency

____ / Week / Month

Last Microbiology Test Result / Remarks:

SERVICE REPORT

check on RO system

FINDINGS/COMMENTS:

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Hardness Reading		Chlorine Reading	
Feed Water TDS		RO Membrane	
Product Water TDS		RO Pump	
Raw Water Tank		RO Operating Pressure	
Product Water Tank		Permeate Flow Rate (GPM)	
Water Softener System		Reject Flow Rate (GPM)	
Pre-filter		UV Light Unit (s)	
Post-filters		Ozonator	
Feed Pump Pressure		CTO Filter	
Product Pressure Pump		Water Meter Reading	
Others		Others	

Recommendation (indicate particular work done or parts of system inspected):

adjust of pressure gauge from feed motor to RO system

Time Start

Time Finished

Work Performed by & Signature

Customer Rep. Name, Signature, Date

Rod

[Signature]



Saipan Ice & Water Co., Inc.

P. O. Box 501808, Saipan MP 96950 * Tel. 322-6130/9848/9455

Fax 322-5991 * E-mail: spnice@vzpacifica.net

No. _____

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description:

3000 GPD

Visit Frequency

____ / Week / Month

Last Microbiology Test Result / Remarks:

SERVICE REPORT

Check RO System

FINDINGS/COMMENTS:

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Hardness Reading	20 GPG	Chlorine Reading	0
Feed Water TDS	over 200 ppm	RO Membrane	ok
Product Water TDS	37 ppm	RO Pump	ok
Raw Water Tank	Full	RO Operating Pressure	200 PSI
Product Water Tank	3/4	Permeate Flow Rate (GPM)	23 GPM
Water Softener System		Reject Flow Rate (GPM)	
Pre-filter	ok	UV Light Unit (s)	
Post-filters	ok	Ozonator	ok
Feed Pump Pressure	40 PSI	CTO Filter	
Product Pressure Pump	30 PSI	Water Meter Reading	
Others	ph level: 7.2	Others	

Recommendation (indicate particular work done or parts of system inspected):

Check hardness, TDS & Chlorine of RO product & feed H₂O, check operational pressure of RO machine, check & deliver ph level

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature
		Pos de los Reyes	

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DCS		DATE	11/21/05
ADDRESS	KAGMAN		CONTRACT REF.	
CONTACT PERSON			TEL. NO.	
Equipment Description: 3000 GPD				
Visit Frequency	:Week/Month		Last Microbiology Test Result / Remarks:	
SERVICE REPORT Check RO system; check operation pressure				
FINDINGS/COMMENTS: need to replace 5 micron pre-filter				
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)				
Anti-scalant Level	3/4	UV Light Unit (s)		
Chlorine Level	0.5 mg/L	Ozonator	ok	
Pre-filter	ok	Hardness Reading		
Post-filter	newly replaced	Feed Water TDS	1200 ppm	
Feed Pump Pressure	40 psi	Product Water TDS	50 ppm	
Permeate Flow Rate (GPM)	1.5 mg/L	Chlorine Reading		
Reject Flow Rate (GPM)		Others		
Recommendation (indicate particular work done or parts of system inspected): Check & replace new 5 micron pre-filter; check chlorine, TDS & feed H ₂ O & RO production				
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date	
		Rod de la Riva	[Signature]	

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	1/18/05
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: (3000 GPD)

Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:
-----------------	-----------------	--

SERVICE REPORT*Check on RO system***FINDINGS/COMMENTS:***low pressure at pre filter: need for replacement (10 micron 2 x 10)***INSPECTION & MAINTENANCE CHECKLIST**

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	0.5 mg/l	Ozonator	OK
Pre-filter	OK	Hardness Reading	
Post-filter	need replacement	Feed Water TDS	1000 ppm
Feed Pump Pressure	20 psi	Product Water TDS	50 ppm
Permeate Flow Rate (GPM)	2.0 GPM	Chlorine Reading	0
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected): *check pre filter need for replacement, check chlorine & TDS of feed water & RO product, check & refill flocon*

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		<i>Rod de la R</i>	<i>[Signature]</i>

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	110905
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	
Equipment Description: 3000 GPD			
Visit Frequency	:Week/Month	Last Microbiology Test Result / Remarks:	
SERVICE REPORT Check of RO system			
FINDINGS/COMMENTS: need additional flocon on injector tank			
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)			
Anti-scalant Level	Pull	UV Light Unit (s)	
Chlorine Level	0.5 mg/l	Ozonator	OK
Pre-filter	OK	Hardness Reading	
Post-filter	OK	Feed Water TDS	800 ppm
Feed Pump Pressure	30 PSI	Product Water TDS	50 ppm
Permeate Flow Rate (GPM)	2.0 GPM	Chlorine Reading	0
Reject Flow Rate (GPM)		Others	
Recommendation (indicate particular work done or parts of system inspected): Check TDS, chlorine & feed H ₂ O & RO product. Check & pull The flocon injector tanks, check operation pressure			
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Paul de la R	DP de la R



Sparkle-Clean
We Care About Your Health

SAIPAN ICE & WATER CO., INC.

P. O. Box 501808, Saipan, MP 96950

Tel. (670) 322-6130, Fax: (670) 322-5991

E-mail: sprice@vzpacifica.net

Authorized Dealer:

SEVERN
TRENT
SERVICES

Universal
Aqua
Technologies
Inc.

GRUNDFOS



INVOICE

D-00394

Date:

11/2/05

SOLD TO:

DYS - Juvenile Detention

CONTACT:

TEL:

ITEM	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
			R. O. Maintenance & Parts from 11/6/05 to 12/06/05		\$800.-
			Have A Nice Day. Thank You.		\$800.-
Prepared by: <i>Sc</i>			Approved by: <i>Mungy</i>	Posted by:	